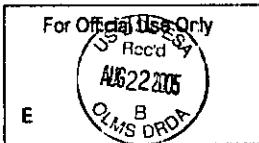


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|--|
| 1. File Number U - 10470 | 2. Fiscal Year Covered From: 1 / 1 / 2004 Through: 12 / 31 / 2004 |
| 3. Name and address of person filing. Name MARC E MANUEL P.O. Box, Bldg., Room No., if any Street 2816 N. 1100 E. Rd. City MANSFIELD State IL ZIP Code + 4 61854 | 4. Name, file number, and address of labor organization. Name Laborers' Int. Union of N. America Labor Organization File Number 000-131 P.O. Box, Building and Room Number, if any Street 905 16th St. NORTHWEST City WASHINGTON State Dist. of Columbia ZIP Code + 4 20006 |
| 5. Position in labor organization. BUSINESS MANAGER | |

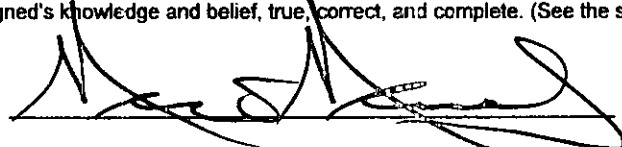
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed



On

8/15/05
Date

(217) 489-3801
Telephone Number

| | |
|---|----------------|
| Name of Person Filing MARC E. MANUEL | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name CENTRAL LABORERS' WELFARE FUND</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any P.O. Box 1267</p> <p>Street</p> <p>City JACKSONVILLE</p> <p>State IL. ZIP Code + 4 62651</p> | <p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p> |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>11.a. Nature of such dealing.</p> <p>Provides health & welfare benefits to qualified participants</p> |
| | <p>11.b. Approximate dollar value of such dealing.</p> |
| | <p>12.a. Nature of interest held or income received.</p> <p>Attended educational seminar on Capital Stewardship in the capacity of Fund Trustee.</p> <p>Registration - \$868.00</p> <p>5/1/04</p> |
| | <p>12.b. Amount. \$868.00</p> |

| | |
|---|---------------------------------|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p> | |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any</p> <p>Street</p> <p>City</p> <p>State ZIP Code + 4</p> | <p>14.a. Nature of payment</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p> | <p>14.b. Amount of payment.</p> |

| | |
|--|----------------|
| Name of Person Filing MARC E MANUEL | File Number U- |
|--|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|---|
| 8. Name and address of Business (including trade name, if any). Name CENTRAL LABORERS WELFARE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 1267 Street City JACKSONVILLE State FL. ZIP Code + 4 62651 | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. Provides health & welfare benefits to qualified participants <hr/> 11.b. Approximate dollar value of such dealing. <hr/> 12.a. Nature of interest held or income received. Attended educational seminar on Capital Stewardship in the Capacity of Fund Trustee. Mileage - \$115.50 5/23/04 12.b. Amount. \$115.50 |

| | |
|--|--|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment. |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment. |

Name of Person Filing

MARCE. MANUEL

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name CENTRAL LABORERS' WELFARE FUND

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street

City

JACKSONVILLE

State

FL

ZIP Code + 4 62651

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides health & welfare benefits to qualified participants

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended educational seminar on Capital Stewardship in the capacity of Fund Trustee.

Hotel - \$1,143.73

5/23/04

12.b. Amount.

\$1,143.73

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Central Laborers Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

P.O. Box 1267

Street

City Jacksonville

State IL.

ZIP Code + 4 62651

9. Business deals with:

- ☒ a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Provides health & welfare
benefits for qualified participants

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended educational seminar
on Capital Stewardship in the
Capacity of Fund Trustee
5/25/04 Parking fee = \$29.00

12.b. Amount.

\$29.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

Name of Person Filing

MARC S. MANUEL

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Central Laborers' Welfare fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street

City Jacksonville

State IL ZIP Code + 4 62651

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides health & welfare benefits to qualified participants.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Attended educational seminar on Capital Stewardship in the Capacity of Fund Trustee.

Meals & tips - \$146.30
5/24/04 - 5/25/04

12.b. Amount.

\$146.30

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employee any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment:

Name of Person Filing

MARL E. MANUEL

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Central Laborers' Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street

City Jacksonville

State IL. ZIP Code + 4 62651

9. Business deals with:

☒ a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides Health Welfare benefits for qualified participants

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

CLWF Trustees Meeting

Meal - \$48.54

7/20/04

12.b. Amount.

\$48.54

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

Name of Person Filing

MARCE MANUEL

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Central Laborers' Welfare Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any P.O. Box 1267

Street

City Jacksonville

State FL. ZIP Code + 4 62651

9. Business deals with:

- X a. Labor Organization
- b. Trust
- c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

Provides Health & Welfare benefits for qualified participants

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

CLWF Trustees Meeting

Mileage - \$93.75
9/14/04

12.b. Amount.

\$93.75

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

| | |
|---|----------------|
| Name of Person Filing MARC E. MANUEL | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|---|--|
| 8. Name and address of Business (including trade name, if any). Name LAKIN LAW Firm Trade Name, if any: P.O. Box, Bldg., Room No., if any P.O. Box 27 Street 251 Old St Louis Rd. City Wood River State IL ZIP Code + 4 62095 | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. <div style="text-align: center; font-size: 1.2em;"> Legal Advise for the Laborers </div> |
| | 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. <div style="text-align: center; font-size: 1.2em;"> Dist Council Christmas Party - \$130.00 12/10/04 </div> |
| | 12.b. Amount \$130.00 |

| | |
|--|--------------------------|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment: |

| | |
|---|----------------|
| Name of Person Filing MARC E. MANUEL | File Number U- |
|---|----------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

| | |
|--|--|
| 8. Name and address of Business (including trade name, if any). Name South Central IL Labor Employ Trust Trade Name, if any: P.O. Box, Bldg., Room No., if any SUITE 525 Street 411 Old Capitol Plaza City Springfield, State IL. ZIP Code + 4 62701 | 9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization b. Trust c. Employer |
| 10. If 9.b. or 9.c. is checked give trust or employer's name Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 11.a. Nature of such dealing. Labors - Employers Cooperation and Education Trust (LSCET) secures projects and jobs, increases union sector market share & advances shared market-related interests 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. recieved knife & flask (gift) \$42.81 11/4/04 12.b. Amount. \$42.81 |

| | |
|--|--|
| C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. | |
| 13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 14.a. Nature of payment: |
| 13.b. Is the Business an Employer or Consultant ? | 14.b. Amount of payment: |

August 15, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

RE: Form LM-30 filing for Marc E. Manuel

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,

A handwritten signature in black ink, appearing to read "Marc E. Manuel", with a long, sweeping horizontal stroke at the end.

UNITED STATES POSTAL SERVICE



First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

- Sender: Please print your name, address, and ZIP+4 in this box •

MARK HANNO
11017 E 509TH ST,
CLINTON IL
61727